

PAY 327-4815

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4608 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

**Summary Sheet**

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

TOTAL PAGES IN ENTIRE CFA-4 REPORT

**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <u>FRATERNAL ORDER OF POLICE 159</u>	
2. Acronym or Abbreviated Name (if any) <u>FOP #159</u>	3. Committee Telephone Number <u>(317) 710-7030</u>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <u>P.O. BOX 361014</u>	
5. City, State, ZIP Code <u>LAWRENCE IN 46234</u>	6. Party Affiliation (if applicable)

**CANDIDATE INFORMATION (For Candidate's Committees Only)**

7. Full Name of Candidate (include any nickname) <u>N/A</u>	8. Party Affiliation or If Independent Candidate
9. Office Sought (include district number, if any. Not required for exploratory committee.)	10. County of Residence

**TYPE OF REPORT****CONVENTION CANDIDATES ONLY**

11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	

12. Reporting Period: From: <u>7-8-2014</u> Through: <u>12-31-2014</u>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	<u>0</u>	<u>0</u>
14. Cash on hand and investments January 1, current year.		<u>0</u>

**CONTRIBUTIONS AND RECEIPTS**

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	<u>3600.00</u>	<u>3600.00</u>
15b. Unitemized	<u>0</u>	<u>0</u>
15c. Add lines 15a and 15b in both columns	SUBTOTAL <u>3600.00</u>	<u>3600.00</u>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL <u>3600.00</u>	<u>3600.00</u>

**EXPENDITURES**

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<u>0</u>	<u>0</u>
17b. Unitemized	<u>0</u>	<u>0</u>
17c. Add lines 17a and 17b in both columns	SUBTOTAL <u>0</u>	<u>0</u>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL <u>3600.00</u>	<u>3600.00</u>
19. Debts OWED BY the committee (use Schedule D)	<u>0</u>	
20. Debts OWED TO the committee (use Schedule E)	<u>0</u>	

**CERTIFICATION**

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <u>Michelle Stewart</u>	Title <u>Sec/Treas</u>	Date <u>1-13-15</u>
Signature of Candidate (if applicable)		Date

FOR OFFICE USE ONLY

**FILED**

JAN 17 2015

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Act is subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

Received Time: Jan. 17, 2015 9:06AM No. 7679

Myra A. Eldridge


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-3)  
CONTRIBUTIONS BY  
LABOR ORGANIZATIONS**
**Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations **OVER \$100 per contributor**, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100 per contributor**, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 1 of 1

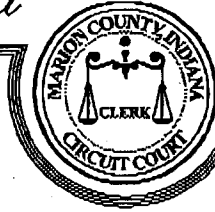
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. LAWRENCE Police Officers Payroll Direct 9001 E 59th LAWRENCE 46216	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	3600.00	3600.00	12/31/2014 Tom ASHCRAFT
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 3600.00		
Received Time Jan. 17, 2015 9:06AM No. 7679 IN THE LAST PAGE ONLY		\$ 3600.00		

Received Time Jan. 17, 2015 9:06AM No. 7679 IN THE LAST PAGE ONLY  
(Enter total on Item 15a of the Summary Sheet)

# Marion County Election Board

ELIZABETH L. WHITE, SECRETARY

December 12, 2014



TEL: (317) 327-5100  
FAX: (317) 327-4815  
[www.indy.gov/election](http://www.indy.gov/election)  
[elections@indy.gov](mailto:elections@indy.gov)

Committee Treasurer  
Fraternal Order of Police Lodge 159 PAC  
PO Box 361014  
Indianapolis IN 46236

RE: 2014 Annual Campaign Finance Report Deadline **January 21, 2015 by NOON**

Dear Committee Treasurer:

This letter is to remind you that all open campaign finance committees are required to file an annual report of receipts and expenditures (using state form CFA-4). If you are receiving this letter, our records indicate that **your committee is currently open**. If you feel this is in error, please contact our office and we will work with you to resolve this issue.

Our records are that your last report filed was for the period ending 7/7/2014, and showed ending cash on hand of \$ .00. If this is accurate, the reporting period for this upcoming report will be from 7/8/2014 through 12/31/14 (Line 12 on the CFA-4), and should show a beginning cash on hand of \$ .00 (Line 13 on the CFA-4). **DO NOT USE A DATE OTHER THAN 12/31/2014 FOR THE PERIOD END DATE.**

Should you wish to close your committee, you may do so by checking the "Final/Disbands" check box on line 11 of the report. Please note that in order to do so, the report must reflect \$0 cash on hand, \$0 debts owed by and \$0 debts owed to the committee (on lines 18, 19, and 20 on the form, respectively).

This report must be received in our office on or before **NOON on Wednesday, January 21, 2015**. Any reports filed after the noon deadline will be assessed a fine of **\$50 per day** (including weekends and holidays) **up to \$1000** as required under IC 3-9-4-16.

For your convenience, electronic versions of this form, other forms, and instructional materials are available on our website: [www.indy.gov/election](http://www.indy.gov/election). Please note that you **DO NOT** need to file blank, un-needed schedules in your report submission.

Should you have any questions or concerns, please contact the Marion County Election Board office at (317) 327-5100 (menu item 3) or email us at [elections@indy.gov](mailto:elections@indy.gov). Thank you for your attention to this important matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Angie Nussmeyer".

Angie Nussmeyer  
Director of Elections

200 EAST WASHINGTON STREET, SUITE W-144

Received Time Jan. 17. 2015 9:06AM No. 7679, NAPOLIS, IN 46204



**A facsimile from**  
**Lawrence FOP 159**  
**PAC**

To: : Marion County Election Bd

From: T Ashcraft

TX: 317 710 7030

Date: January 17, 2015

Regarding: 2014 annual campaign finance report

**FILED**

JAN 17 2015

*Myra A. Eldridge*